U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6560	2. Fiscal Year Covered From:		
·	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Christopher Heitzman	Name Teamsters Local Union 541		
	Labor Organization File Number 016-715		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4501 Emanuel Cleaver II Boulevard	Street 4501 Emanuel Cleaver II Boulevard		
Kansas City The second control of the secon	City Kansas City		
State MO ZIP Code + 4 64130-2368	State MO ZIP Code + 4 64130-2368		
5. Position in labor organization. Vice President and Busin	ess REpresentative/Organizer		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 3. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
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Signa			
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true correct, and complete. (See the sect	erjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the iion on penalties in the instructions.)		
Signed in Julian	On 08-05-05 816-921-1700		
-	Date Telephone Number		

Christopher H. Heitzman		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or i dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or		
Name and address of Business (including trade name, if any). Name	9. Business deals with:		44
Trade Name, if any:	a. Labor Organizati	on	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing].	
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	12.b. Amount.	William Andrewson	and the control of th
 Received from any employer (other than an employer covered under r from any labor relations consultant to an employer any payment of money 	er parts A and B above) or other thing of value.		
 I.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		550 (An "SANIMON A 200 and 20 cm or 2 Sanna and 20 cm or 15 (3 th 2 Sanimon Anno 15 cm or 15
ame Arnold Newbold Winter Jackson			
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3.b. is the Business an Employer or Consultant X ?	14.b. Amount of payment.	\$50.	00
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Name of Person Filing Christopher H. Heitzman		File Number U-
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